

FOR INSTRUCTIONS, SEE BACK OF FORM

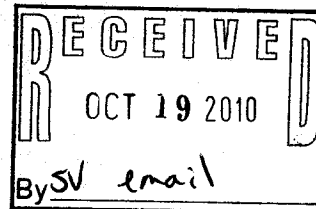
DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form



COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Sharon Gonzalez

Political Party (if applicable)

Democrat

Office Sought

Linn County Treasurer

District (if Senate or House)

n/a

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

395333155
TELEPHONE

10-19-10
DATE SIGNED

I AM FILING A October 19, 2010 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 636.53

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

9,809.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$ 10,445.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,794.52

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,651.01

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 169.97

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 146.06

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 100.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/20/10	ID# CK#	Robert Rush 900 2nd Street SE, Unit 605 Cedar Rapids, IA 52401		\$50.00	<input checked="" type="checkbox"/>
07/20/10	ID# CK#	Jean Oxley 190 Cottage Grove Ave SE, #220 Cedar Rapids, IA 52403		25.00	<input checked="" type="checkbox"/>
07/20/10	ID# CK#	Colette Frese 400 Apache Drive Norway, IA 52318	Aunt	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK#	Mary Roberts 1764 A Avenue Victor, IA 52347	Aunt	50.00	<input checked="" type="checkbox"/>
07/21/10	ID# CK#	Karla Tisher 41 24th Avenue SW Cedar Rapids, IA 52404		50.00	<input checked="" type="checkbox"/>
07/23/10	ID# CK#	Jerry Vander Sanden 5101 McGowan Drive Cedar Rapids, IA 52403		100.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Jo Frese 504 B Avenue Atkins, IA 52206	Aunt	30.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Rita Gonzalez 4046 Midway Drive NW Cedar Rapids, IA 52405	Sister-in-law	50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Kathleen Halloran 825 17th Street SE Cedar Rapids, IA 52403		200.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Deanna Hcintz 3708 West Post Road SW Cedar Rapids, IA 52404		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 630.00

TOTAL (if last page of this schedule)

\$

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Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

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07/24/10	ID# CK#	Noman Sterzenbach 1724 Hamilton Street SW Cedar Rapids, IA 52404		\$50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Gloria Fagan 190 Cottage Grove Avenue SE Cedar Rapids, IA 52403		25.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Michel Graham 344 Aaron Court SW Swisher, IA 52338		50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Joan McCalmant 2204 Debann Lane NE Cedar Rapids, IA 52402		50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Brian Gradoville 3820 Vine Avenue SE Cedar Rapids, IA 52403		25.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Charles Gradoville 3820 Vine Avenue SE Cedar Rapids, IA 52403		25.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Michaela Parbs 3345 57th Street Lane Center Point, IA 52213		25.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Deborah Ironside 2424 Victoria Drive SW Cedar Rapids, IA 52404		100.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Patricia Lanz 418 Prairie View Drive Fairfax, IA 52228		25.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Phyllis Booth 3101 Samuel Court SW, Unit 1 Cedar Rapids, IA 52404		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 400.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/24/10	ID# CK#	Paul Zenisek 2889 Alleghany Drive NE Cedar Rapids, IA 52402		\$75.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Mrs. William Roberts 401 County Line Rd Victor, IA 52347	Aunt	50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Lester Sammons PO Box 8665 Cedar Rapids, IA 52408		300.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Linda Langenberg 140 Partridge Avenue Marion, IA 52302		100.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Benjamin Gonzalez 1214 Harold Drive SE Cedar Rapids, IA 52403	Nephew	100.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Linda Langston 4257 Sunland Court SE Cedar Rapids, IA 52403		50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Ann McCrea 3806 Tarpy Drive Cedar Rapids, IA 52404		35.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Steve Setzer 1075 Lyons Lane Marion, IA 52302		50.00	<input checked="" type="checkbox"/>
07/24/10	ID# CK#	Unitemized		94.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 854.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

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07/27/10	ID# CK#	Sharon Gardner 4407 Wendy Lee Lane NW Cedar Rapids, IA 52405		\$100.00	<input checked="" type="checkbox"/>
07/28/10	ID# CK#	Mary Ream 4217 Woodmill Court Cedar Rapids, IA 52411	Aunt	100.00	<input checked="" type="checkbox"/>
07/28/10	ID# CK#	Diane Hoffman 203 A Avenue SE Mount Vernon, IA 52314		50.00	<input checked="" type="checkbox"/>
07/28/10	ID# CK#	Sara Liebe 5245 N. Alburnett Road Central City, IA 52214		100.00	<input checked="" type="checkbox"/>
07/31/10	ID# CK#	Sandi Haman 6815 Boulder Drive NW Cedar Rapids, IA 52405		100.00	<input checked="" type="checkbox"/>
08/03/10	ID# 9645 CK# 1637	Linn Phoenix Club PO Box 1612 Cedar Rapids, IA 52406		1500.00	<input type="checkbox"/>
08/07/10	ID# 6414 CK# 1026	Hawkeye Labor Council AFL-CIO, Political Action Account, 1211 Wiley Blvd SW Cedar Rapids, IA 52404		1000.00	<input type="checkbox"/>
08/23/10	ID# CK#	James Houser 505 Rockvalley Drive SW Cedar Rapids, IA 52404		50.00	<input type="checkbox"/>
08/25/10	ID# CK#	Kay Hale 1265 Parkview Lane Ely, IA 52227		25.00	<input type="checkbox"/>
9/11/10	ID# CK#	Cheryl Anderson 223 Teakwood Lane NE Cedar Rapids, IA 52402		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 3050.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/16/10	ID# CK#	Joyce Clark 1651 B Avenue NW Cedar Rapids, IA 52405		\$100.00	<input type="checkbox"/>
09/18/10	ID# 9115 CK# 4190	Linn County Democratic Central Committee PO Box 574 Cedar Rapids, IA 52406-0574		2000.00	<input type="checkbox"/>
09/23/10	ID# 6216 CK# 1315	IBEW Local 1362, Political Action Fund 370 Blairs Ferry Road NE Cedar Rapids, IA 52402		500.00	<input type="checkbox"/>
10/05/10	ID# 9672 CK# 1393	Plumbers and Pipe Fitters Local 125, Pol. Ed. Fund 1839 16th Avenue SW Cedar Rapids, IA 52404		2000.00	<input type="checkbox"/>
10/05/10	ID# 9680 CK# 5188	CR/IC Building Trades PAC 5000 J Street SW Cedar Rapids, IA 52404		250.00	<input type="checkbox"/>
10/06/10	ID# CK#	Trude Elliott 209 6th Street NW Mount Vernon, IA 52314		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 4875.00

TOTAL (if last page of this schedule)

\$ 9809.00

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/23/10	ID# CK#	Knights of Columbus 716 A Avenue NE Cedar Rapids, IA 52402	Keg for fundraiser	\$ 97.50
07/26/10	ID# CK#	Awe Struck Entertainment 1905 Dows Street Ely, IA 52227	Disc jockey for fundraiser	100.00
09/07/10	ID# CK#	Adcraft Printing 309 5th Avenue SE Cedar Rapids, IA 52401	Cowboy cards	297.46
10/07/10	ID# CK#	Banacom Signs 111 N. Center Point Rd Hiawatha, IA 52233	Advertisement signage	85.60
10/07/10	ID# CK#	KMRY-AM/Sellers Broadcasting 1957 Blairs Ferry Road NE Cedar Rapids, IA 52402	Radio spots	944.00
10/07/10	ID# CK#	Mount Vernon-Lisbon Sun 108 1st Street W Mount Vernon, IA	Newspaper ads	219.96
10/08/10	ID# CK#	City of Fairfax PO Box 337 Fairfax, IA 52228	Newsletter ad	50.00
	ID# CK#			
SUB-TOTAL				\$ 1794.52
TOTAL (if last page of this schedule)				\$ 1794.52

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

SCHEDULE D
(Rev. 08/98) **INCURRED INDEBTEDNESS**

☐ **CHECK THIS BOX IF AMENDING FORM**

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
07/09/10	Sharon Gonzalez 3805 Tarp Drive Cedar Rapids, IA 52404	Plates and cups for fundraiser	\$ 28.91
07/11/10	Sharon Gonzalez 3805 Tarp Drive Cedar Rapids, IA 52404	Plates, cutlery, napkins and envelopes for fundraiser	19.26
07/14/10	Sharon Gonzalez 3805 Tarp Drive Cedar Rapids, IA 52404	Postage for fundraiser invitations	17.60
07/22/10	Sharon Gonzalez 3805 Tarp Drive Cedar Rapids, IA 52404	Food for fundraiser	104.20
SUB-TOTAL			\$ 169.97
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 169.97

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gonzalez for Treasurer

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
07/22/10	Unitemized		Decorations,snacks for fundraiser	\$ 47.64	<input checked="" type="checkbox"/>
07/24/10	Mike Stevenson 3913 Pine Tree Drive NE Cedar Rapids, IA 52402		Food for fundraiser	70.82	<input checked="" type="checkbox"/>
07/24/10	Alice Roberts 601 Williams St Victor, IA 52347	Mother	Food for fundraiser	27.60	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 146.06

TOTAL (If last
page of this
schedule)

\$ 146.06

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Page 1 of 1
(for Schedule E)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID****COMMITTEE NAME** (Must be same as on Statement of Organization)

Gonzalez for Treasurer

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 100.00☐ **CHECK THIS BOX IF
AMENDING FORM****PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0.00**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 100.00

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